2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N98000001121

Entity Name: ENDTIME CRUSADERS, INC.

Current Principal Place of Business:

P. O. BOX 1035
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1035
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 59-3499884 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARCLAY, DEBRA
17935 HOLLY BROOK DR.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: AVPD ( ) Delete
Name: CLINTON, LINDA
Address: 5435 GINGER COVE DR.
City-St-Zip: TAMPA, FL 33615

Title: AVPD ( ) Delete
Name: CLINTON, WILLIAM
Address: 5435 GINGER COVE DR.
City-St-Zip: TAMPA, FL 33615

Title: VPD ( ) Delete
Name: KEYSER, KARYN
Address: 2145 BROOKSIDE DR.
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AVPD (X) Change ( ) Addition
Name: CLINTON, LINDA
Address: 13326 LEE STREET
City-St-Zip: DADE CITY, FL 33525

Title: AVPD (X) Change ( ) Addition
Name: CLINTON, WILLIAM
Address: 13326 LEE STREET
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARYN KEYSER VPD 05/01/2006

Electronic Signature of Signing Officer or Director — Date